



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+  
PAD980250724

02/27/95

INSTALLATION ADDRESS

NABISCO INC  
12000 EAST ROOSEVELT BLVD  
PHILADELPHIA, PA 19115  
WALTER GOGOLA PLNT ENV SUPV

12000 EAST ROOSEVELT BLVD  
PHILADELPHIA, PA 19115

```

*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA ID: PAD980250724      Other ID:                               Merge Send: Y                      *
*Date Received(MMDDYY): 010885      Source( N/E/S ): N Non-Notifier Flag:                      *
*Date Acknowledged (MMDDYYYY): 10271992      Send Acknowledgement:                      *
*Name of Installation: NABISCO BISCUIT CO                      *
*                               Installation Location Address                      *
*Streets: 1200 EAST ROOSEVELT BLVD                      *
*City: PHILADELPHIA                      State: PA      Zip: 19115                      *
*County Code: 101      County Name: PHILADELPHIA                      *
*                               Installation Mailing Address                      *
*Streets: ROOSEVELT BLVD                      *
*City: PHILADELPHIA                      State: PA      Zip: 19115                      *
*                               Contact Information                      *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* HISCHE      GERALD      SR ENV ENG      2014285590      L                      *
*Streets: 1200 EAST ROOSEVELT BLVD                      *
*City: PHILADELPHIA                      State: PA      Zip: 19115                      *
*Land Type:                      *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit                      *
*****

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*****
*                               RCRIS: Notification View Screen 3 of 6                               *
*****
* EPA ID: PAD980250724      Other ID:                               Source: N                      *
*                               *                               *                               *
* Owner Sequence Number: 1                               *                               *
* Ownership: NABISCO BRANDS INC                               Type of Owner: P                      *
*                               *                               *                               *
*                               Address of Owner/Operator                      *
*                               *                               *                               *
*   Street: OWNERSTREET                               *                               *
*   City: OWNERCITY                               State: AK Zip Code 99999                      *
*   Phone: 2155551212                               *                               *
*                               *                               *                               *
* Current/Previous Indicator: CO      Change Date(MMDDYY):                      *
*                               *                               *                               *
*                               *                               *                               *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F5-Curr. Owner      *
* F6-Prev. Owner      F8-Help      F9-First      F10-Next                      *
*****

```

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*****
*                               RCRIS: Notification View Screen 4A of 6                               *
*****
* EPA ID: PAD980250724      Other ID:                               Source: N                      *
*                               *                               *                               *
*                               RCRA Reg      RCRA Reg      State Reg      State Reg      *
* Waste Activity      Type      Status      Desc      Status      Desc                      *
* -----      -----      -----      -----      -----      -----      *
* HW Generator:      2      R                      *                               *
* HW TSD:                      *                               *
* HW Transporter:                      *                               *
* Transport Mode: Air:      Rail:      Highway:      Water:                      *

```

\* Other: \*

\* HW Burner/Blender: \*

\* NHW Used Oil Recycler: \*

\* ----- \*

\* Underground Injection Control: \*

\* Recycler: \*

\* \*

\* \*

\*\*\*\*\*

\* Enter-Continue            F1-Previous Screen            F3-Exit            F8-Help            \*

\*\*\*\*\*

\*\*\*\*\*

\* RCRIS: Notification View Screen 4A of 6 \*

\*\*\*\*\*

\* EPA ID: PAD980250724      Other ID:                      Source: N            \*

\* \*

\*                      RCRA Reg      RCRA Reg      State Reg      State Reg            \*

\* Waste Activity            Type      Status      Desc      Status      Desc            \*

\* -----            -----      -----      -----      -----      -----            \*

\* HW Generator:                      2                      R                      \*

\* HW TSD:                      \*

\* HW Transporter:                      \*

\* Transport Mode:      Air:                      Rail:                      Highway:                      Water:                      \*

\* Other:                      \*

\* HW Burner/Blender:                      \*

\* NHW Used Oil Recycler:                      \*

\* ----- \*

\* Underground Injection Control:                      \*

\* Recycler:                      \*

\* \*

\* \*

\*\*\*\*\*

\* Enter-Continue            F1-Previous Screen            F3-Exit            F8-Help            \*

\*\*\*\*\*

\*\*\*\*\*

\* RCRIS: Notification View Screen 5 of 6 \*

\*\*\*\*\*

\* EPA ID: PAD980250724      Other ID:                      Source: N            \*

\* \*

\* Hazardous Waste Codes:      Specific/Non-Specific/Commercial/Chemical            \*

\* X002                      \*

\* \*

\* \*

\* \*

\* \*

\* \*

\* \*

\* \*

\* \*

\* \*

\* \*

\* \*

\* \*

\* \*

\*\*\*\*\*

\*Enter-Continue                      F1-Previous Screen                      F3-Exit                      \*

\*F8-Help                      F9-First                      F10-Next                      \*

\*\*\*\*\*

457

SGG

Name not A

3/20/95

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM  
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1P1A1D1918101715101712141 Date: 2-8-95

FACILITY NAME Wabisco Biscuit Co

New Facility Name

Name Change Wabisco INC

Location of Installation

Street 12000 East Roosevelt Blvd

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County Code \_\_\_\_\_ County Name \_\_\_\_\_

Installation Mailing Address

Street 12000 East Roosevelt Blvd

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Installation Contact

Last Name Gogola First Walter

Job Title Plant Eng. Super Phone # 215-552-8407

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ownership

Name of Legal Owner Wabisco Inc.

Street 7 Campus Drive

City/Town Parsippany State NJ Zip 07054-0311

Phone # (201) 682-5000 Land Type PP Owner Type E

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Updated in RCRIS by RR Date 2-15-95  
11 ST 2-24-95

Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
-------------------	------	---------------------	--------------------

Generator	_____	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____

Mode of Transportation:

Air \_\_\_\_\_ Rail \_\_\_\_\_ Highway \_\_\_\_\_ Water \_\_\_\_\_ Other \_\_\_\_\_

Burner/Blender

B Boiler and/or Industrial Furnace (BIF) only.  
 D BIF only; Smelter Deferral.  
 E BIF only; Small Quantity Exemption claimed.  
 N Not a Burner/Blender, Verified.  
 X Other Burner/Blender Activity.  
 Blank Unverified.

HWF Market to Burner

X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities.  
 Blank No activity.

HWF Other Market

X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.

HWF Burner

B Boiler and/or Industrial Furnace.  
 X Indication of activity.

OSO Market to Burner

X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.

OSO Other Market

X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).

OSO Burner

B Boiler and/or Industrial Furnace.  
 X Indication of Activity.

SO ACT:

Code indicating that the handler is engaged in marketing of specification fuel oil activities.  
 B Boiler and/or Industrial Furnace.  
 X Indication of Activity.

Burner Types

Utility Boiler \_\_\_\_\_ Industrial Boiler \_\_\_\_\_ Ind. Furnace \_\_\_\_\_

Underground Injection Control

X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

Recycler:

C Commercial  
 R Non-Commercial Recycler  
 N Not a Recycler, Verified  
 Blank Not a recycler, unverified.

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED  
Date Received  
By (Official Use Only)  
FEB 7 1995

**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**☐

A. First Notification

☒B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

P A D 9 8 0 2 5 0 7 2 4

**II. Name of Installation (Include company and specific site name)**

N A B I S C O, I N C.

**III. Location of Installation (Physical address not P.O. Box or Route Number)**

Street

1 2 0 0 0 E A S T R O O S E V E L T B L V D.

Street (Continued)

City or Town

P H I L A D E L P H I A

State

Zip Code

P A

1 9 1 1 6 -

County Code

1 0

County Name

P H I L A D E L P H I A

**IV. Installation Mailing Address (See Instructions)**

Street or P.O. Box

S A M E

City or Town

State

Zip Code

**V. Installation Contact (Person to be contacted regarding waste activities at site)**

Name (Last)

G O G O L A

(First)

W A L T E R

Job Title

P L A N T E N V. S U P E R.

Phone Number (Area Code and Number)

2 1 5 - 5 5 2 - 8 4 0 7

**VI. Installation Contact Address (See Instructions)**

A. Contract Address

Location Mailing Other

☒☐☐

B. Street or P.O. Box

City or Town

State

Zip Code

**VII. Ownership (See Instructions)**

A. Name of installation's Legal Owner

N A B I S C O, I N C.

Street, P.O. Box, or Route Number

7 C A M P U S D R I V E

City or Town

P A R S I P P A N Y

State

Zip Code

N J

0 7 0 5 4 - 0 3 1 1

Phone Number (Area Code and Number)

2 0 1 - 6 8 2 - 5 0 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

(Date Changed)  
Month Day Year



**EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.**



NABISCO BISCUIT  
COMPANY

200 DeForest Avenue  
P.O. Box 1944  
East Hanover, NJ 07936-1944  
(201) 503-2000

**Certified Mail No. P 387 527 929**  
**Return Receipt Requested**

Ms. Margaret Thornton  
U.S. EPA Region III  
RCRA Programs Branch  
Pennsylvania Section (3 HW51)  
841 Chestnut Building  
Philadelphia, PA 19107

February 1, 1995  
**RECEIVED**  
PA/DC SECTION  
FEB 7 1995  
EPA REGION III

**Re: EPA Notification of Regulated Waste Activity**  
**Subsequent Notification - Installation's EPA ID No. PAD 980 250 724**  
**Nabisco, Inc. - Philadelphia, Pennsylvania**

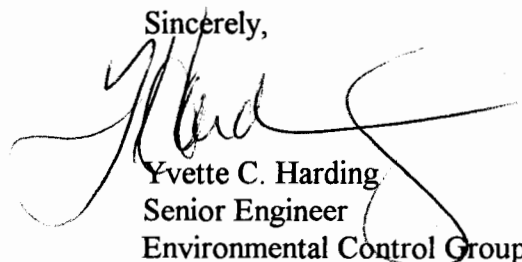
Dear Ms. Thornton:

Enclosed is a completed notification form for the Philadelphia Bakery of Nabisco, Inc. This form has been completed to show that the correct name of the installation is Nabisco, Inc. and not Nabisco Brands, Inc. This is a change in name only, and not a change in ownership.

We understand that EPA records show an incorrect address of 1200 East Roosevelt Boulevard for the Bakery. Please note that the correct address is 12000 East Roosevelt Boulevard. The Bakery has not moved and has always been located at 12000 East Roosevelt Boulevard. Please update your records to show the correct address.

Please feel free to contact me at (201)503-3614 if there are any questions.

Sincerely,



Yvette C. Harding  
Senior Engineer  
Environmental Control Group

yh95022

NABISCO  
FOODS  
G R O U P



*Same location per PAJER*

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM  
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 11A1D1918101215101712141 Date: 10/21/92  
FACILITY NAME Nabisco Brands Inc - Phila Bakery

New Facility Name  
Name Change Nabisco Biscuit Co.

Location of Installation  
Street 1200 East Roosevelt Blvd.  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County Code \_\_\_\_\_ County Name \_\_\_\_\_

Installation Mailing Address  
Street \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Installation Contact  
Name(last) \_\_\_\_\_ (first) \_\_\_\_\_  
Job Title \_\_\_\_\_ Phone # \_\_\_\_\_  
Street \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ownership  
Name of Legal Owner \_\_\_\_\_  
Street \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Land Type \_\_\_\_\_ Owner Type \_\_\_\_\_

WASTE CODES  
Delete Old Waste Codes      Add New Waste Codes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Updated in RCRIS by \_\_\_\_\_ Date \_\_\_\_\_

Waste Activity	Type	RCRA Reg Status	RCRA Reg Desc
Generator	_____	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____
Mode of Transportation:			
Air	_____	Rail	_____
		Highway	_____
		Water	_____
		Other	_____
Burner/Blender	_____		

B Boiler and/or Industrial Furnace (BIF) only

D BIF only; Smelter Deferral

E BIF only; Small Quantity Exemption claimed

M Not a Burner/Blender, Verified

X Other Burner/Blender Activity

Blank Unverified

HWF Market to Burner

X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities, blank no activity

HWF Other Market

X Code Indicates that the handler is engaged in hazardous waste fuel marketing activities, other than generator marketing to burner

HWF Burner

B Boiler and/or Industrial Furnace

X Indication of Activity

OSO Market to Burner

X Code Indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel

OSO Other market

X Code indicates that the handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery)

OSO Burner

B Boiler and/or Industrial Furnace

X Indication of Activity

SO ACT: \_\_\_\_\_ Code indicating that the handler is engaged in marketing of specification fuel oil activities

B Boiler and /or Industrial Furnace

X Indication of Activity

Burner Types:

Utility Boiler \_\_\_\_\_ Industrial Boiler \_\_\_\_\_ Ind. Furnace \_\_\_\_\_

Underground Injection Control

X Code indicates that the Handler generates and or treats, stores, or disposes of hazardous waste and has an injection well located at the installation

Recycler:

C Commercial, R Non-Commercial Recycler,

N Not a Recycler, Verified, Blank Not a recycler, Unverified



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

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EPA I.D. NUMBER

+  
PAD980250724

INSTALLATION ADDRESS

NABISCO BISCUIT CO  
1200 EAST ROOSEVELT BLVD  
PHILADELPHIA , PA 19115  
GERALD HISCHE SR ENV ENG

1200 EAST ROOSEVELT BLVD  
PHILADELPHIA , PA 19115



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• PAD 98 025 0724

INSTALLATION ADDRESS

Nabisco Brands Inc. - Philadelphia Bakery  
Roosevelt Blvd.  
Phila., PA 19115  
Attn: Gerard Hische, Environ Engr

Roosevelt Blvd.  
Phila., PA 19115

FROM: G.F. Hische, Nabisco Brands Inc.  
500 Lanidex Plaza  
Parsippany, N.J. 07054

---

EPA REGION III  
6th and Walnut St.  
PHILADELPHIA, PA. 19106  
ATTN: Mr. SHIRLEY CULPIN

NOTIFICATION OF  
HAZARDOUS WASTE ACTIVITY

DETACH ALONG THIS LINE



PLEASE COMPLETE ALL INFORMATION IN THE 5 BLOCKS OUTLINED IN ORANGE  
SEE BACK OF FORM SET FOR COMPLETE PREPARATION INSTRUCTIONS

AIRBILL NUMBER

015691211



YOUR FEDERAL EXPRESS ACCOUNT NUMBER

73

1099-6230-9

DATE

1/7/85

FROM (Your Name)

G. F. HISCHE, CED

TO (Recipient's Name)

Shirley Bulkin

If Hold For Pick-Up or Saturday Delivery,  
Recipient's Phone Number

COMPANY

NABISCO BRAND INC

DEPARTMENT/FLOOR NO.

COMPANY

EPA REGION III

DEPARTMENT/FLOOR NO.

STREET ADDRESS

500 LANIDEX PLAZA

STREET ADDRESS (P.O. BOX NUMBERS ARE NOT DELIVERABLE)

6th and Walnut Street

CITY

PARSIPPANY

STATE

NJ

CITY

PHILADELPHIA

STATE

PA

AIRBILL NO.

015691211

ZIP ACCURATE ZIP CODE REQUIRED  
FOR CORRECT INVOICING

07054

IN TENDERING THIS SHIPMENT, SHIPPER AGREES THAT  
F.E.C. SHALL NOT BE LIABLE FOR SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING FROM

ZIP ACCURATE ZIP CODE REQUIRED  
FOR OVERNIGHT DELIVERY

19106

YOUR NOTES/REFERENCE NUMBERS (FIRST 12 CHARACTERS WILL ALSO APPEAR ON INVOICE)

610 380

CARRIAGE HEREOF, F.E.C. DIS-  
CLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, WITH  
RESPECT TO THIS SHIPMENT. THIS IS A NON-NEGOTIABLE  
AIRBILL SUBJECT TO CONDITIONS OF CONTRACT SET FORTH  
ON REVERSE OF SHIPPER'S COPY, UNLESS YOU DECLARE A  
HIGHER VALUE. THE LIABILITY OF FEDERAL EXPRESS COR-  
PORATION IS LIMITED TO \$100.00. FEDERAL EXPRESS DOES  
NOT CARRY CARGO LIABILITY INSURANCE.

FEDERAL EXPRESS USE

PAYMENT ☒ Bill Shipper ☐ Bill Recipient's F.E.C. Acct. ☐ Bill 3rd Party F.E.C. Acct. ☐ Bill Credit Card

☐ Cash in Advance

Account Number/Credit Card Number

FREIGHT CHARGES

DECLARED VALUE CHARGE

SERVICES  
CHECK ONLY ONE BOX

PRIORITY 1 ☐ OVERNIGHT LETTER ☒

1 ☐ (OVERNIGHT PACKAGES)  
(Up to 70 LBS.)

COURIER PAK 7 ☐

2 ☐ OVERNIGHT ENVELOPE  
(Up to 2 LBS.)

3 ☐ OVERNIGHT BOX  
(Up to 5 LBS.)

4 ☐ OVERNIGHT TUBE  
(Up to 5 LBS.)

STANDARD AIR

5 ☐ DELIVERY 2ND BUSINESS  
DAY FOLLOWING PICK UP  
(Up to 70 LBS.)

OVERNIGHT IS NEXT BUSINESS DAY  
(MONDAY THROUGH FRIDAY). TWO DAYS  
FROM ALASKA/HAWAII. SATURDAY DELIV-  
ERY AVAILABLE IN CONTINENTAL U.S.  
SEE "SPECIAL HANDLING."

DELIVERY AND SPECIAL HANDLING  
CHECK SERVICES REQUIRED

1 ☐ HOLD FOR PICK UP AT FOLLOWING  
FEDERAL EXPRESS LOCATION SHOWN  
IN SERVICE GUIDE. RECIPIENT'S  
PHONE NUMBER REQUIRED

2 ☒ DELIVER

3 ☐ SATURDAY SERVICE REQUIRED  
See Reverse (Extra charge applies for delivery.)

4 ☐ RESTRICTED ARTICLES SERVICE (P-1 and  
Standard Air Packages only, extra charge)

5 ☐ SSS (Signature Security Service  
required, extra charge applies)

6 ☐ DRY ICE \_\_\_\_\_ LBS.

7 ☐ OTHER SPECIAL SERVICE \_\_\_\_\_

8 ☐

9 ☐

PACKAGES WEIGHT DECLARED VALUE D/S

TOTAL TOTAL TOTAL

RECEIVED AT

SHIPPER'S DOOR

☒ REGULAR STOP

☐ ON-CALL STOP

☐ F.E.C. LOC.

Federal Express Corporation Employee No.

DATE/TIME For Federal Express Use

1/7 1:07

EMP. NO. DATE

☐ CASH RECEIVED

☐ RETURN SHIPMENT

☐ THIRD PARTY

☐ CHG. TO DEL ☐ CHG. TO HOLD

STREET ADDRESS

CITY STATE ZIP

RECEIVED BY: (Signature)

X

DATE/TIME RECEIVED

F.E.C. EMPLOYEE NUMBER

ADVANCE ORIGIN

ADVANCE DESTINATION

OTHER

TOTAL CHARGES

PART# 2041730751

FEC-S-0751 D/O/B

REVISION DATE

2/83 GBF

PRINTED USA

RECIPIENT COPY (AFFIXED TO PACKAGE, GIVEN TO RECIPIENT AT DELIVERY)





I.D. - FOR OFFICIAL USE ONLY														
S														
W														
1	2											13	14	15

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
X010 2					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Gerard F. Hische</i>	NAME & OFFICIAL TITLE (type or print) Gerard F. Hische Senior Environmental Engineer	DATE SIGNED 1/7/85
--------------------------------------	--------------------------------------------------------------------------------------------	-----------------------